

SUPPORTED EMPLOYMENT IN STATE GOVERNMENT
APPLICANT SCREENING CHECKLIST - SAMPLE

Applicant Name: _____

Has a developmental disability as defined in RCW 71A.10.020 or experiences a "significant disability" as defined in the Federal Rehabilitation Act of 1973 ___ Yes ___ No

Requires on-the-job training and long term support to perform their job duties successfully ___ Yes ___ No

Has a reliable source of long term support available; if yes, identify below ___ Yes ___ No

Long Term Support will be provided by:

- A Developmental Disabilities Employment Provider will provide my long term support
- A Foundational Community Supports Provider will provide my long term support
- A Certified Peer Counselor will provide my long term support
- A Behavioral Health Provider will provide my long term support
- Natural Supports will provide my long term support
- Another source will provide my long term support, specify:

SESG Screening Reviewer: _____

